



South Coast Air Quality Management District  
21865 East Copley Drive  
Diamond Bar, CA 91765  
(909) 396-2000

## RULE 2202 EXEMPTION REQUEST FORM

Check the applicable box and complete the information below. Documentation must be maintained at the worksite indicated below for verification of the applicable exemption.

### Section I - General Information (Name and Address of Organization)

Site ID #: \_ \_ \_ \_ \_

Employer Name: \_\_\_\_\_

Street Number (N, S, E, W) Name Type (St., Ave., Blvd.)

Unit/Suite Location/Mailstop

City State Zip Code + 4 County (LA, OC, RS, SB)

Mailing Address (if different from site address): \_\_\_\_\_

City State Zip Code + 4

### Section II - Less than 250 Employees

☐ As of June 19, 1998 the worksite indicated above had fewer than 250 employees. Please provide the total number of employees at this site as of June 19, 1998. \_ \_ \_

☐ The worksite indicated above has had fewer than 250 employees for the prior consecutive six month period. Provided below are the monthly totals calculated as a monthly average and the six month average.

<input type="radio"/> Jan _ _ _	<input type="radio"/> Apr _ _ _	<input type="radio"/> Jul _ _ _	<input type="radio"/> Oct _ _ _
<input type="radio"/> Feb _ _ _	<input type="radio"/> May _ _ _	<input type="radio"/> Aug _ _ _	<input type="radio"/> Nov _ _ _
<input type="radio"/> Mar _ _ _	<input type="radio"/> Jun _ _ _	<input type="radio"/> Sep _ _ _	<input type="radio"/> Dec _ _ _

6 Month Employee Average \_ \_ \_

### Section III - Less than 33 Employees in the Window

☐ The worksite indicated above has had fewer than 33 employees reporting to work between 6am - 10am, Monday through Friday for the prior consecutive 90 days.

Number of Employees in the Window = \_ \_

### Section IV - Bankruptcy

☐ The worksite indicated above has declared bankruptcy through judicial court filing and confirmation process. Documentation of the bankruptcy is enclosed for review and approval by the Executive Officer.

SIGNATURE OF RESPONSIBLE OFFICIAL: \_\_\_\_\_ DATE: \_ / \_ / \_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

THIS FORM MUST BE SIGNED BY THE HIGHEST RANKING EMPLOYEE AT THIS WORKSITE OR THE EXECUTIVE OFFICER RESPONSIBLE FOR ALLOCATING THE RESOURCES NECESSARY TO IMPLEMENT THE PLAN.